



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. _____

Patent
002010-854

In re Patent Application of

Steve J. KARLIK et al.

Application No.: 10/763,539

Filing Date: January 26, 2004

Title: Composition for and Treatment of Demyelinating Diseases and Paralysis by Administration of Remyelinating Agents

Group Art Unit:

Examiner:

Confirmation No.:

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☐ Also enclosed is/are _____

- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted _____

_____ on _____
for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	139	MINUS 137 =	2	x \$18.00 (1202) =	\$ 36.00
Independent Claims	18	MINUS 17 =	1	x \$86.00 (1201) =	\$ 86.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					\$ 122.00
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 122.00

- ☒ A check in the amount of \$ 122.00 is enclosed for the fee due.
- ☐ Charge _____ to Deposit Account No. 02-4800.

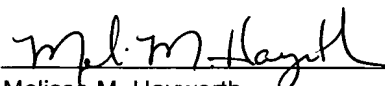
The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: March 10, 2004

By 
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Registration No. 45,774



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Steve J. KARLIK et al.)

Application No.: 10/763,539)

Filed: January 26, 2004)

For: COMPOSITION FOR AND)
TREATMENT OF DEMYELINATING)
DISEASES AND PARALYSIS BY)
ADMINISTRATION OF)
REMYELINATING AGENTS)

Group Art Unit: Unassigned

Examiner: Unassigned

Confirmation No.: Unassigned

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Prior to examination, please amend the above-captioned application as follows:

03/12/2004 MBERHE 00000017 10763539

01 FC:1202
02 FC:1201

36.00 OP
86.00 OP